

**SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

MIAP POLICY CLARIFICATION

To: DIVISION OF ELIGIBILITY POLICY AND OVERSIGHT

Client: _____

Fax Number: 803-898-4503

Attn: _____

Hospital Name: _____

From:

Date Sent: _____

Fax Number: _____

Question:

Response:

Reference: _____

Signature/Date: _____

Division of Eligibility Policy and Oversight